

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012670

STATE FILE NUMBER

FILED MAY 4 1959 Registration District No. 71 Primary Registration District No. 3012 Registrar's No. 37

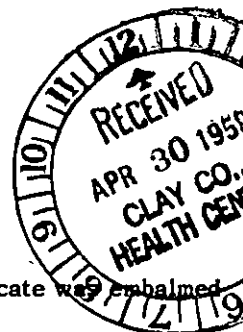
1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Excelsior Springs		c. CITY OR TOWN Excelsior Springs	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Excelsior Hospital		d. STREET ADDRESS 510 North Kimball	
3. NAME OF DECEASED (Type or print) First Myrtle Middle Hattie Last Brown		4. DATE OF DEATH Month April Day 14 , Year 1959	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 5, 1879
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY XXXX	11. BIRTHPLACE (City and state or country) Harrisonville, MO.
13a. FATHER'S NAME William P. Bailey		14. NAME OF HUSBAND OR WIFE Jesse J. Brown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No.		16. SOCIAL SECURITY NO. No.	
17. INFORMANT Jesse J. Brown, Ex. Spgs. MO.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage DUE TO (b) Arteriosclerosis DUE TO (c) Annular Ca of rectum.		INTERVAL BETWEEN ONSET AND DEATH 15 days	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 6:25 am Month, Day, Year April 14, 1959		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from Sept 1952 to 19 Apr 1959 and last saw her Apr 13, '59 Death occurred at 6:25 am on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE George E. Sanders MD	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE April 14/59	
23c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery		23d. LOCATION (City, town, or county) (State) Excelsior Springs, MO.	
24. FUNERAL DIRECTOR Virgil Hope, Ex. Spgs. MO.		25. DATE RECD. BY LOCAL REG. 4-22-59	
26. REGISTRAR'S SIGNATURE Caroline Hulth		27. DATE SIGNED 4-14-59	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER



I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed Chas. Virgil Hope

Licensed Embalmer No. 3950

P. O. Address Excelsior Springs

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.